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ATTN: Jeff Harold

DATE: 1/23/07

FAX NUMBER: 571-273-8300

FROM: Bernadine Phane

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ACKNOWLEDGEMENT REQUESTED

MESSAGE: Thanks Jeff, could you

Please fax the approval to me A.S.A.P.

Also, The best phone # is 734-673-8784 (cell)
back up is 248-865-9567.

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TO:Bernadino Pavone COMPANY:

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PTO/SB/82 (01-06)

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| | |
|------------------------|-----------|
| Application Number | 10/084045 |
| Filing Date | |
| First Named Inventor | Bernadino |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | |

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

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OR

| | | | |
|--|--|-----------|--|
| <input checked="" type="checkbox"/> Firm or Individual Name | Bernadino PAVONE | | |
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

| | | | |
|-----------|------------------|-----------|--------------|
| Signature | Bernadino Pavone | | |
| Name | Bernadino Pavone | | |
| Date | 1/23/07 | Telephone | 248-865-9567 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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